California Cultural and Historical Endowment (CCHE) Round Three Grant Application and Criteria for Planning Grants

Deadline Date: March 1, 2007

For more information, please contact:

CCHE

900 N Street, #380 Sacramento, CA 95814

Tel: 916-651-8223

Toll Free: 866-311-2178

Fax: 916-651-9871 Email: endowment@library.ca.gov

Website: http://www.library.ca.gov/CCHE

V. CCHE Checklist

Submit the following information in the order that appears on this Checklist:

	<u>Subject</u>	<u>Initials</u>
(Al	l Applicants)	
1.	15 sets of the CCHE Grant Application Form. This includes: Section One (Parts A - E) Section Two (Parts A - F) Section Three (Parts A - E) Section Four (Parts A - C)	
2.	Copy of this Checklist with your initials next to each relevant section.	
3.	Resolution from your governing body.	
gov rec	ou are able to submit a draft of the resolution indicating when the verning body is scheduled to approve it. Signed copies must be eived by May 15, 2007 for the grant application to be considered. ample is included in Appendix Three of this Grant Application.)	
4.	Certification Signed by the Appropriate Representative	
5.	Applicants Submitting Multiple Applications must provide a letter signed by the Manager/Director of the entity indicating the order of priority of the applications submitted.	
(No	onprofit Public Benefit Corporations only)	
6.	One Copy of your current By-Laws	
7.	One Copy of your current Articles of Incorporation	
8.	Letter of Determination from the Internal Revenue Service verifying your status as a tax-exempt nonprofit public benefit corporation	
9.	Letter from Landowner, if applicable (pursuant to Section One, Part C)	

(Indian Tribes Only)

10.	Please provide a copy of the governance procedure of your tribal organization, (i.e., a copy of your Constitution or governance laws.)	
11.	Indian Tribes will also be asked to sign an express waiver of sovereign immunity for purposes of the CCHE grant if they are selected for a reservation of funds.	

VI. Certification

I certify the following:

- 1. That the information contained in this Grant Application has been carefully reviewed for its content and accuracy and I believe it to be true and correct to the best of my ability.
- 2. That I understand that I waive all rights to privacy and confidentiality of the material submitted and subsequent material requested regarding this Grant Application.
- 3. That I understand that I may be asked to provide further information at the time of grant review and CCHE staff may ask additional questions regarding the information submitted.
- 4. That if any part of this information is incorrect, inaccurate or there has been a change of information about any part of the material submitted, that it be made known to CCHE as soon as possible.

Signature:	
Print Name:	
Title:	
Organization:	
Date:	

Planning Grants

VII. Grant Application Form

Deadline: 3/01/07

Section One – ADMINISTRATIVE INFORMATION (Parts A - E)

Applicant Name:						
Project Name:						
Address:						
	Stre	et				
	City		County	St	ate	Zip Code
Telephone:				Fax:		
Email Address:						
Website:						
Employer Identifi (EIN), if applicab		ımber				
(EIN), if applicab	le:					
(EIN), if applicab	le:					
(EIN), if applicab	le:					
(EIN), if applicab	le:	Name				
(EIN), if applicab Name and Title of Contact Person	le:	Name				
(EIN), if applicab Name and Title of Contact Person	le: of Project	Name	County		State	Zip Code
(EIN), if applicab Name and Title of Contact Person	le: of Project Street	Name	County	Fax:		Zip Code

Street			
City	County		Zip Code
(Please indicate district nun	nber):		
State Assembly District:	:		
State Senate District:			
Congressional District:			
Project Site Location Latitude a Longitude (Please use decimal sys			
tion One, Part B – CCHE Funds			
tion One, Part B – CCHE Funds ision you are applying for:			
	CCHE	\$	
sion you are applying for:		\$	
Requested Amount from (\$	
sion you are applying for: Requested Amount from ((List of Components of Mato	ching Fund Contributions) or committed for this Project:	·	
Requested Amount from ((List of Components of Mator) i. Funds already raised of	ching Fund Contributions) or committed for this Project: raised for this Project.:	\$	

Note: i-iii should equal or exceed amount requested from CCHE. However, if you are requesting a reduction of a match, please indicate the amount your Project will commit to this Project in the space provided above.

Section One, Part C - Property Arrangement
Do you own the property where the proposed capital assets project will take place?
Yes: No:
If you do not own the property in fee simple, who owns the property and what type of property arrangement do you have with the property owner?
Name of Property Owner:
Type of Arrangement (MOU/Lease/Easement): (There are no line limitations.)
Note: Planning grant applicants must provide documentation indicating that the owner of the property has given them permission to conduct all necessary inspections, site visits, and tests and the occupy the premises for the purpose of implementing the CCHE Grant. See "Legal Permission from Property Owner" in Appendix One under CCHE Requirements.
Section One, Part D – Historic Resource
Does your proposed planning project involve real property that is listed or eligible as a historic resource / historic landmark / historic area-neighborhood/historic significance?
Yes:
If so, describe the status of your property: (There are no line limitations.)
Section One, Part E-Multiple Applications
Will you be submitting multiple applications?
Yes: No:
Please note: If you are submitting more than one grant application, you must adhere to the information under "Multiple Applications" in Appendix One under CCHE Requirements.

Section Two -PROJECT THREAD (Parts A - F)

Section Two, Part A – Mission, Goals and Objectives of Organization

Briefly provide the mission, goals and objectives of your organization. (Your response is limited to 15 lines for all three-subject areas.)

NOTE: Indian Tribes are not required to complete Part A

Mission:	
Goals:	

Objectives:

Please use the space below to briefly describe the thread you wish to pursue using CCHE unds. (Your response is limited to 20 lines.)					CHE		
				,			

Please use the space below to briefly describe the regular programs/activities/exhibits you currently sponsor to promote the thread you wish to pursue using CCHE funds. (Your response is limited to 20 lines.)

ease use the space below to describe how your Project thread will provide an overall ntribution to California culture and history. (Your response is limited to 20 lines.)							
	Part E: Aud						
e desci	ribe your curi	rent audienc	e. (Your res	ponse is limi	ted to 15 line	es.)	

Section Two, Part F: Public Access					
Please describe the way in which your audience has access to your facility. (Your response is limited to 15 lines.)					

Section Three – Planning Documents: Description of Plan(s) (Parts A – E)

Section Three, Part A: Type of Plan(s) to be Pursued			
Please describe the type of plan(s) you wish to pursue utilizing CCHE funds and how it will contribute to your overall capital assets project. (Your response is limited to 30 lines.)			

Please provide a brief summary of the plans you have already undertaken for your capital assets project. (Your response is limited to 30 lines.)			
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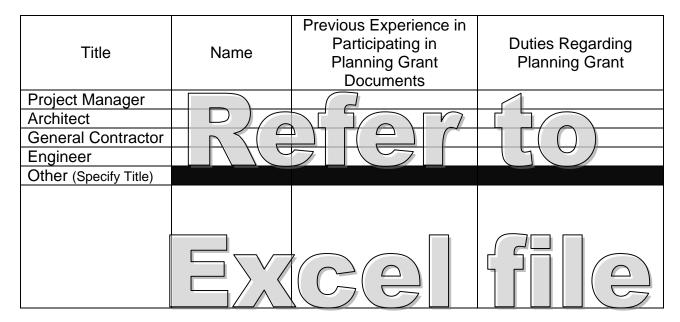
Section Three, Part C: Information Regarding the Facility and Staff Operating Facility

i.	*Date Organization was established: (When you received your EIN from the Internal Revenue Service)	
ii.	If a facility current exists, what is the square footage?	
iii.	If a new facility is proposed, what is the square footage?	
iv.	If you are planning to acquire property, what is the square footage?	
٧.	If you are planning to create permanent exhibits, what is the square footage?	
vi.	If the current facility is to be remodeled or expanded, what is the square footage of the remodeled area?	
vii.	*Date that your organization occupied the current square footage of the facility:	
⁄iii.	What is the proposed square foot increase as a result of this Project?	

NOTE: Division Four Applicants do not need to complete "i" and "vii".

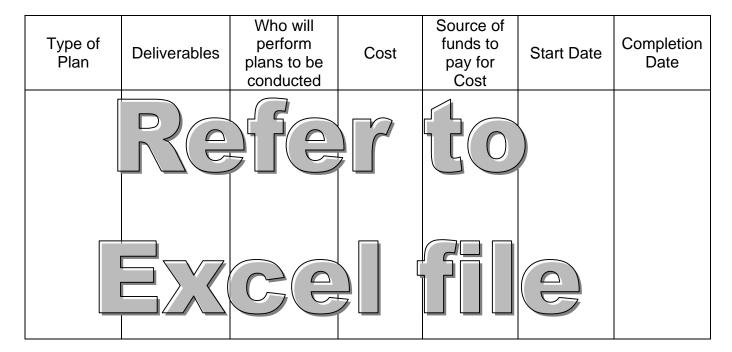
Section Three, Part D: Technical Team Members

Please list the core team members who are involved in the planning aspect of your proposed capital assets project, including but not limited to: (There are no line limitations.)



Section Three, Part E: Work Plan

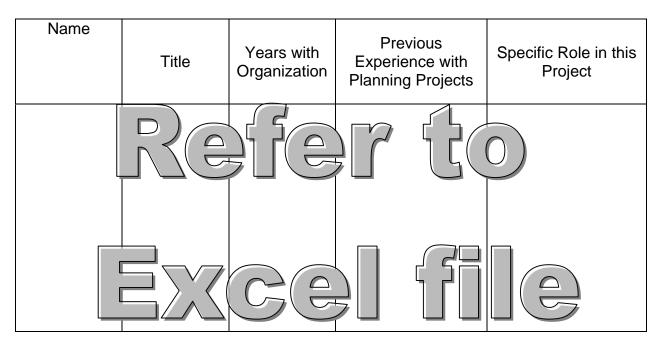
Please use the chart below to provide the following: (There are no line limitations.)



Section Four-CAPACITY (Parts A - C)

Section Four, Part A: Organizational Leadership of Staff

List individuals of your staff who will be directly responsible for working on this Project. (There are no line limitations.)



Section Four, Part B: Matching Funds

Please fill in the chart below to indicate how you will fulfill your 1:1 matching fund requirement:

(Cash / Pledges/In-Kind)

∍asn / Pieages/in-Ki	nu)			
Source of	Amount	When Pledge	Restrictions	% of Total
Funding		was/will be		Match
		received		
Cash				
Pledges				
Loans				
Lines of Credit				
	List In-K	ind Contributions	s Below*	
Labor				
Supplies and				
Materials				
Equipment				$\Pi \square \square \square$
Permanent				
Fixtures				
Planning				
Appraisal of				
lease				
Appraisal of				
donated real				
property				

Total: \$_____(total should be one half of the total cost of your planning documents)

^{*}Please make sure that you have read the CCHE Board policies for in-kind contributions for matching funds in Appendix One – CCHE Requirements of this grant application and include all of the necessary information needed to determine if the type of in-kind contribution can fulfill the matching fund policy.

	(Division One and Two Only):			
	Request for a Reduction of the Matching Fund Requirement			
	Division One applicants may request up to a 75% reduction of their matching fund requirement.			
	Division Two applicants may request up to 30% reduction of their matching fund requirement.			
Re	equest for a reduction in the 1:1 matching fund requirement?			
Ye	es: No: No:			
	If yes, please use the space below to document your request for a match reduction. (Your response is limited to 25 lines.)			

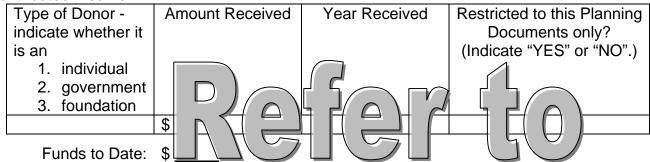
Section Four, Part C: Financial Management

Financial Management

Annual Operating Budget: \$
Cost of Plans Proposed: \$

Source of Funds for Planning Documents (specify in chart below):

Contributed Income



Type of Donor (indicate whether	Amount Given	Year Received	Restricted to Planning Documents only?
it is an individual,			
government,			
foundation)			
Funds to Date:			

Earned Income

Earned Income (Specify the type of income, i.e., rental, store)	Amount Received	Year Received
\$	\$	

Funds to Date: \$ _____

Total Funds to Date:
(Combine two \$_____
sources above)